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APPLICANTS

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\*\* CONTINUING DATA *FF NONE* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *FF NONE* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>FF</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
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ADDRESS  
 24230  
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TITLE  
 Portable pill crushing device

FILING FEE  RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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